Health Behavior Surveys
PARENTAL PERMISSION FORM

Our school takes part in the Youth Risk Behavior Survey sponsored by the Wyoming Department of Education, and the Prevention Needs Assessment sponsored by the Wyoming Department of Health. The research survey will ask about the health behaviors of 6th through 12th grade students. The survey will ask about delinquent behaviors, antisocial behaviors, risk and protective factors, nutrition, physical activity, injuries, tobacco, alcohol, and other drug use. It also will ask about sexual behaviors that cause AIDS, other sexually transmitted diseases, and pregnancy.

Students will be asked to fill out a questionnaire that takes about 45 minutes to complete.

Doing these paper and pencil surveys will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The surveys have been designed to protect your child's privacy. Students will not put their names on the survey. Also, no student will ever be mentioned by name in a report of the results. Your child will get no benefit right away from taking part in the surveys. However, the results of these surveys will help children in the future. We would like all students to take part in these surveys, **but the surveys are voluntary**. **No** action will be taken against the school, you, or your child, if your child does not take part. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the surveys at any point without penalty.

Please read the section below and check one box. Return the form to the school no later than March 15, 2013. If you child's teacher or principal cannot answer your questions about the survey, call Shannon Cranmore, Wyoming Department of Education, 307-777-6245. Thank you.

_____

Child's name:_____ Grade: _____

I have read this form and know what the survey is about.

[ ] My child may take part in the YRBS and PNA surveys.

[ ] My child may **not** take part in the YRBS and PNA surveys.

Parent's signature:_____ Date:_____

Phone number: _____